## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE Assistant Commissioner Washington, D.C. 20231

MORRISON & FOERSTER 2000 PENNSYLVANIA AVENUE NW WASHINGTON, DC 200061888

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/331,930 06/30/1999 PAUL ZEV ZIMMET TITLE OF INVENTION: GENE FOR THE MODULATION OF OBESITY, DIABETES, AND METABOLIC ENERGY LEVELS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	No	\$1280	\$0	\$1280	06/26/2002
EX	AMINER	ART UNIT	CLASS-SUBCLA	ss		
SEHARASEYO	N, JEGATHEESAN	1647	435-069100			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.</li> </ol>			or agents OR, all	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a		& Foerster LL
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			single firm (havi	ng as a member a reg ) and the names of u	p to 2 2	
O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				registered patent attorneys or agents. If no name is listed, no name will be printed.		
3. ASSIGNEE NAME A		A TO BE PRINTED ON TO				

IE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate where the control of the substitute for filing an assignment over the control of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Diabetes Institute

Caulfield South, Victoria, Australia

Waurn Ponds, Victoria, Australia

Deakin University

individual in corporation or other private group entity in government

Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

D Publication Fee OLAdvance Order - # of Copies

In James Fee

D Payment by credit card. Form PTO-2038 is attached.

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WayneeC. Jaescoke, June 26, 2002 me Fee and Publication Fee (if re applicant; a registered attorney or

06/27/2002 RMEDROH1 00000018 031952 09331930

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